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PRINCIPAL NAZI ORGANIZATIONS INVOLVED IN THE COMMISSION OF WAR CRIMES

NAZI RACIAL AND HEALTH POLICY

DEPARTMENT OF STATE
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The Nazi Racial and Health Policy

I. Criminality Involved

Hitler wrote in Mein Kampf that "to seize and keep and wield effective power in the modern world, a political movement must be inspired by fanatical faith in some revolutionary idea." For Hitler and his followers, an essential aspect of this idea was the Nazi theory of race. Its special value for them stemmed from the fact that it was well suited to win the support of the German masses by convincing them of Nordic superiority, and that the Germans were more nearly Nordic than any other nation. At the same time it provided them with a helpless enemy declared to be responsible for all their miseries and punishable accordingly----the Jew.

In short, racism, in Nazi theory and practice, was more than an ideological pretext for social discrimination. In domestic affairs, it was a vital factor in bringing about the most complete coordination (Gleichschaltung) of German public and private life in consonance with the tenets of Nazism. In foreign affairs, it became the slogan for the unification of all Germans, inside and outside of Germany, holding out to them the vision of world mastery as both a possibility and a right.

In its practical application, Nazi racial policy aimed at its achievement of political cohesion and social improvement along purely biological lines, rejecting the authority of all institutions which operated on the basis of spiritual, religious, or moral beliefs. It advocated the elimination, or at least the subjugation, of all individuals, minorities, and peoples who were deemed to be of inferior or different racial stock----especially the Jews.

It should be stressed that the Nazis' so-called "progressive" measures, such as the marriage loans, must be judged as a component part of this over-all racial "plan." These measures were frequently not in themselves criminal. For example, the Law for the Promotion of Marriages (marriage loans); the Law for Tax Reduction for Large Families; and the Law concerning Grants of Child Subsidies for Large Families would seem, superficially, to be quite innocent. Viewed in relation to the wider plan, however, they reveal another aspect. The benefits they offered were only for those held by the Nazis to be racially preferred people; their denial to people of "inferior" racial stock was designed to help rid the country of unwanted elements. Similar in purpose were the measures enacted by the Nazis to insure that only those who met established racial standards could marry and have children. Perhaps the most striking example of the two-faced nature of this type of Nazi legislation was the series

of laws providing for the sterilization of hereditary defectives and the castration of habitual criminals. Avowedly for medical purposes only, these measures, through the broad interpretations given them by the courts, enabled the Nazis to embark upon a program of "mercy killings" of political and racial undesirables.1/ These and other laws codifying the racial theories of the Nazi state were promulgated in the main by the Ministry of Interior and the Ministry of Justice, however, Hitler and his chief representatives -- particularly Hess -- who also signed the laws bear an equivalent responsibility. The public health agencies, after their legitimate functions had been reduced in scope, became the bodies which, with the help of the SS, enforced the Nazi racial laws. Division IV of the Ministry of Interior, in charge of "Health and Ethnic Matters," was the organization mainly concerned with execution of these policies. Other public agencies and institutions involved in administering the program were, on the national level, the Hereditary Health Courts, the Advisory Commission of Experts on Population and Race Policy, the Reich Health Office, the Reich Genealogical Office, and the Reich Committee for Public Health Service. All of these -- with the exception of the Hereditary Health Courts, which were judicial units -- worked in coordination with Division IV of the Ministry of Interior. On the local level, the Nazis made the local Public Health Office the keystone of their racist program; among its other functions was that of classifying the local population in accordance with Nazi genetic values.

Upon this structure were superimposed the Nazi Party health services. These organizations, together with the NS Welfare Organization, saw to the execution of racial laws; propagandized for racial policies; provided every assistance for the increase and the "improvement" of the master race; and, at the same time, sought to liquidate the Jews and other groups considered by the Nazis to be racially or politically undesirable.2/ They worked in close collaboration with the public offices on all administrative levels, in fact, they were frequently supervised by the same persons. Among them were:

1. The Main Office for Public Health, which directed all measures of health and racial policy and administered the health services of the Party on all administrative levels (including Party formations and affiliated groups);

1/ For a discussion of all agencies and organizations, public, Party, SS, etc., which executed and administered Nazi racial, and health policies, see below.

2/ The discriminatory measures against the Jews are here only mentioned, since they are discussed in full in "The Criminal Conspiracy against the Jews", R&A Report No. 3114.3.

2. The NS League of German Physicians, which discriminated against Jewish doctors and provided Nazi-indoctrinated medical personnel for the racial and health programs;

3. The Advisory Council on Public Health;

4. The Racial Policy Office of the NSDAP, which was responsible for indoctrination and propaganda work within the scope of racial policy, and its supervised organization, the German Family League, which encouraged the propagation of large families;

5. The Office for Genealogical Research, which investigated the hereditary background of SS and Party applicants for membership.

6. The SS's own racial agencies, the SS Race and Settlement Department, which supervised the selection and breeding of SS men and fostered their general well-being, and the Fountain of Life Society, which reared "racially valuable" children, whether legitimate or not, and trained them in the Nazi faith.

The health of the working population, the maintenance of which was a responsibility of the medical services of the Labor Front, came under the jurisdiction of the Party, which in the interests of total mobilization, had no compunctions in driving the workers to the point of utter exhaustion. As for the foreign workers, their health was almost completely neglected, while the medical care provided political prisoners in concentration camps by the SS doctors, was frequently little more than a means of torture. Medical service in the Armed Forces had as almost its sole purpose the provision of cannon fodder. Sick and wounded soldiers were superficially and hastily cured and returned to the fronts, whether or not they were fit for combat.

II. Ideology and History

A. Ideological statements by Nazi leaders.

Nazi attitudes on the place of the race question in the state have been formulated by leading personages in the Party.

1. Hitler. Hitler, in Mein Kampf, stated his position in this form:

> "The folk state has to make up for what is today neglected in this field in all directions. It has to put the race into the center of life in general. It has to care for its preservation in purity. It has to make the child the most precious possession of a people. It has to take care that only the healthy beget children; that there is only one disgrace: to be sick to bring children into the world despite one's own deficiencies; but one highest homor: to renounce this. Further, on the other hand, this has to be looked upon as objectionable: to keep healthy children from the nation. Thereby the state has to appear as the guardian of a thousand years' future, in the face of which the wish and the egoism of the individual appear as nothing and has to submit. It has to put the most modern medical means at the service of this knowledge. It has to declare unfit for propagation everybody who is visibly ill and has inherited a disease, and it has to carry this out in practice...."1/

> "The prevention of the procreative faculty and possibility on the part of pyhsically degenerated and mentally sick people, for only six hundred years, would not only free mankind of immeasurable misfortune, but would also contribute to a restoration that appears hardly believable today. If thus the conscious methodical promotion of the fertility of the most healthy bearers of the nationality is realized, the result will be a race which, at least at first, will have eliminated the germs of our present physical, and with it of our spiritual, decline...."2/

1/ Mein Kampf, Reynal and Hitchcock, New York, 1941, p. 608 Cited in Hedwig Wachenheim, "Nazi Eugenics".
2/ Ibid, p. 609.

"The blood poisonings which have affected our people, especially since the Thirty Years' War, have led to a decomposition not only of our blood, but also of our souls," Hitler declared, "with the result that in critical moments the German people disintegrate. The German people lack that sure herd instinct which is based on unity of blood and which, especially in moments when danger threatens, protects a nation against destruction, in that among such a people then all minor inner differences disappear and the closed ranks of a herd confront the common foe.

"On the separate esistence side by side of our basic racial elements which have remained unmixed is based that which is described among us a hyper-individualism. In times of peace this may sometimes be valuable, but taken all in all it has cost us world mastery.

"If the German people had possessed in their historical development that herd-like unity by which other peoples profited, then the German Reich would be mistress of the globe today. World history would have taken another course, and no one can know whether that would have been achieved which so many deluded pacifists today hope to obtain by whimpering, blubbering, and begging: a peace, not supported by the waving of palm leaves by tearful, weeping women, but founded by the victorious sword of a master people seizing the world in the service of a higher Kultur."1/

2. Himmler. In his SS Himmler attempted to create the prototype of the "Nordic man" and intended to use it to establish the racial unity of all Germans throughout Europe and to eliminate members of those races considered "inferior" to the German. He expressed his belief as follows:

"I am a convinced supporter of the idea that what matters in the world ultimately is only good blood.... I have approached my task from this angle. It means that actually the only good blood, according to our reading of history, is the leading creative element in every state, and, in particular, the blood engaged in military activity and above all Nordic blood."2/

1/ From Wallace Deuel, People Under Hitler, pp. 188-189.
2/ Himmler to a Wehrmacht audience in January 1935.

3. Gross, Director of the Department of Racial Policy of the NSDAP. Dr. Walter Gross proceeded in his work from the premise that:

> "In the Germanic Nordic race we find the best, the highest virtues of nobility and courage living on, imperishable, but that it was always those elements of the nation which from the racial point of view were of the highest value which and continually offered the greatest sacrifice of their blood.... The best and the most valuable blood was always shed first.... The nation must become stronger, better, more worthy within itself: the best racial blood must prevail; then Germany's future will be safe."1/

> "We take in this respect the hard and uncompromising point of view, "said Gross," that the national fundamental principle of the National Socialist movement, the racial principle, should be kept absolutely inviolate in its entirety. If you do not like that, if it is not in harmony with your forms, laws, and dogmas, well, change your forms, laws, and dogmas until they fit life as it is.... We shall never cease to proclaim that culture and spirit, art, learning, and science...are and have to be based and dependent on Race and Blood."2/

4. Rosenberg. In his "Myth of the 20th Century," Alfred Rosenberg revealed some of the implications of racism and racial imperialism. He stated that:

> "Intermarriage between Germans and Jews ought to be prohibited so long as Jews are still allowed to live in Germany. Sexual relations of this kind and sexual assaults must be punished...by confiscation of property, expulsion, penal servitude or death."3/

> "A German woman who has sexual relations with Negroes, members of the yellow race, half-castes, and Jews has no right whatsoever to legal protection, nor her legitimate or illegitimate children, who, from their very birth, do not receive the rights of German citizens. Rape by an alien will be punished by public whipping, penal servitude, confiscation of property, and expulsion from Germany for life."4/

1/ Essener National Zeitung report on speech given by Gross in the middle of June 1938 at Mülheim to Hitler Youth leaders.
2/ Frankfurter Volksblatt, 24 January 1935.
3/ (p. 579)
4/ (p. 595)

"Although in the future we shall keep and protect monogamy...we have to consider...that without periods of polygamy the stream of Germanic peoples in earlier centuries would never have arisen, which means that all the conditions of a Western culture would never have come into existence. Thus this historical fact of polygamy is beyond moral criticism."1/

"If, therefore...unmarried healthy women bear children this must be appreciated as an increase of racial strength to the German community."2/

"In a German Reich of the future a woman who has no children -- whether she is married or not -- will be considered as a second-rate member of the community."3/

B. General Historical Background.

Belief in German racial supremacy is frequently encountered in German thought and the Nazis were not only the legitimate heirs of this tradition but were also those who made political capital of these earlier ideas. Johann Gottfried Herder, Germany's first outstanding philosopher of history, for example, wrote of "a people, who, by their size and strength of body, their enterprising, bold, and persevering spirit in war...have contributed more than any other race to the weal and woe of this quarter of the globe. It was the Germans who defended Christianity against the incessant invasions of Huns, Hungarians, Mongols, and Turks. By them, too, the greater part of Europe was not only conquered, planted, and molded, but covered and protected."4/ Friedrich von Schlegel, too, invoked racial qualities to explain the superiority of the Germanic tribes over the Romans.5/ Heinrich von Treitschke, historian of the Bismarck period, though he held a somewhat equivocal position on the race question, interpreted history as a process characterized by the emergence and decay of races,6/ and, comparing the racial attributes of the Germans, Dutch, English, Russians, Italians, and Americans, tried to show all non-Germans to be inferior in generosity, feeling for beauty, and the "simple fidelity" of nature.

1/ (p. 593)
2/ (p. 595)
3/ (p. 595)
4/ Herder, Outlines of a Philosophy of History of Man, translated by T. O. Churchill, London, 1800, p. 447.
5/ Philosophy of History, transl. by J. B. Robertson, London, 1888, pp. 310, 384
6/ Politics, transl. by B. Dugdale and T. de Bille, New York, 1916, Vol. I, pp. 50 f.

The influence of the so-called state socialists upon the ultimate development of National Socialist racism was even more important than the teachings of these philosophers and historians. The works of the economists, Friedrich List and Adolph Wanger, show clearly the factors that contributed to the triumph of racial ideas. These men were attempting to counteract socialist theories of class struggle by repudiating liberal political thought and by setting up a scheme of state capitalism that would incorporate the working classes and imbue the whole people with the spirit of their racial superiority. The ultimate aim was to organize society for imperialist adventures.

As early as 1922, the German Society for Racial Hygiene (Deutsche Gesellschaft für Rassenhygiene), the leading society devoted to genetical research and the propaganda of racial hygiene, supported legislation to make voluntary sterilization on eugenic grounds lawful in Germany. It also advocated "segregation of anti-social and gravely degenerate persons in labor camps (Arbeitskolonien) in order to prevent them from precreating."1/

Many important members of the Society were also pan-Germanists.2/ Since the ideas of the racial hygienists and the proposals of the pan-Germanists were highly compatible. Ploetz, the founder of the Society, J. F. Lehmann, the publisher and Gruber, the Society's president for many years, were known for their pan-Germanist sympathies and were active members of the pan-German League (Alldeutscher Verband). Ploetz also founded and edited the Society's magazine, "German Archives for Racial and Social Biology" (Deutsches Archiv für Rassen- und Gesellschaftsbiologie). In 1921 the publication of the Archiv was taken over by the firm of J. F. Lehmann,3/ publisher of pan-German literature and scientific and pseudo-scientific literature on race.

It is not surprising that Hitler discovered his close connections with Lehmann and the Society far from his early Munich days, he was first and foremost a pan-Germanist. Through his

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1/ Deutsches Archiv für Rassen- und Gesellschaftsbiologie, Platform of 1922.
2/ Deutsches Archiv für Rassen- und Gesellschaftsbiologie (hereinafter referred to as Archiv), 1934, vol. 3.
3/ Archiv, vol. 1. In 1926 Lehmann began to publish another monthly, Volk und Rasse, a paper on German folkdom and the welfare of the race. In 1933 both periodicals were taken over by the Reich Committee for Racial Health Service (Reichsausschuss für Volksgesundheitsdienst). From then on Both periodicals were published jointly by the Reich Committee and the German Association for Racial Hygiene. Lehmann remained their commercial publisher.

associations with the German-Austrian Protective League (later the Folk League for Germandom Abroad-VDA) and the Pan-Germanic League, Hitler was also brought into contact with theoristson heredity and problems of racial hygiene. Hitler accepted the racial hygienists' platform of 1922, but went beyond their original proposal for voluntary sterilization in advocating compulsory sterilization and marriage control as part of a compulsory eugenic policy to which the individual had to submit.

After Hitler's rise to power in 1933, the racial hygienists attained a dominant position.1/ They were now called upon to give scientific precision to the somewhat mystical concept of the German Volk. This task was not easy, for even Walter Scheidt, Director of the Race Institute of Hamburg University, had admitted in 1926 that neither the relation between folk and race, nor the difference between the two terms, had ever been satisfactorily explained.2/ This Volk-ish concept, however, was to form the basis of laws applied to domestic and international relations.

Arthur Gütt, the Nazi Party's most prominent spokesman in matters of racial hygiene and Director of the Public Health Division of the Reich Ministry of the Interior from 1934 to 1939, said in his address to the Fourth Reich Convention of the Reich Public Health Services:

1/ In 1932, when the Nazis were flooding Germany with literature on the superiority of the Nordic race and were promoting race consciousness, a difference in definition between eugenics and racial hygiene became apparent. Leading Nazi authorities on this subject contended that the term "eugenics" was popular with the Jews, Social Democrats, and Catholics, whereas the term "racial hygiene" was favored by the up-surging racial (volkisch) movement. A year later it was scornfully stated that "eugenics is the racial hygiene of the bastard nations.... Pure eugenics is only pursued by those who believe in the equality and equal worth of the races." Martin Staemmler, Rassenpflege im Volkischen Staat, Munich, 1933, p. 44. Thus, the term "racial hygiene," as used by the Nazis, was not concerned with the improvement of the human race in general, but only that part of it which, according to the Nazis, constituted a superior race. In practice, however, the term "racial hygiene" was used only by universities; official language preferred Erbbiologie (biology of inheritance, genetics) and Erbpflege (cultivation of heredity, protection of inheritable stock).

2/ "Volk und Rasse. Einfuhrung in einen Arbeitsplan dieser Zeitschrift," Volk und Rasse, 1926, p. 1.

"According to our understanding, the individual is only a link in the chain of his lineage, he belongs in his type of race.... The term Volk (nation, folk) must be used only to define the total of related individuals who resemble one another and stem from a common bloodstream.... Beyond this 'Volk' is not only determined by the living generation, but goes back to those of a nebulous past, and forward to an eternal future."1/

Together with the concept of Volk and the negation of equality came the idea that disposition and himan behavior are also inherited. In 1933 the anthropologist Eugen Fischer, a member of the German Society for Racial Hygiene, was called from the University of Freiburg to become president of the Berlin University. In his inaugural address he said:

"What Darwinism was not able to do, genetics has achieved. It has destroyed the theory of the equality of men. Where philosophy once rejected Darwinism and the theory of man's descent from the ape as below the dignity of man's spirit, where under the influence of Christianity and the humanistic and later Marxian cultural ideas the concept of the preeminence of the spirit and the sinfulness of the flesh was triumphant, the theory of the inheritability of the mental as well as the physical disposition has finally been vindicated.... We are beginning to realize what our knowledge of the inheritability of racial characteristics means to our thinking and culture.... A nation does not consist of individuals, but of lineages."2/

The above extracts show three lines of thought which may be summarized as follows:

1. They negate the basic postulate in democracy--that men are born equal and therefore must be granted equal political rights regardless of social inequalities. Instead it is asserted that man's innate inequality justifies political inequality--that is, racial discrimination and government by the racial elite, both within the state and in the realm of international affairs. This idea becomes the essence of Nazi racial law, the new natural developed in accordance with genetics.

2. It is implied and affirmed that man's mental capacities and attitudes as well as his physical dis osition are transmitted by physical inheritance.

1/ Der öffentliche Gesundheitsdienst, Part A, Der Arzt des öffentlichen Gesundheitsdienstes, 1938, p. 453.
2/ Eugen Fischer, Der völkische Staat biologisch gesehen, address pp. 11 et seq.

3. It is asserted that a nation does not consist of individuals but of lineages.1/

The tendency to submit both physical and mental characteristics and--as an index of these characteristics--Social behavior to genetic research intensified that research and broadened its scope. The concept that mental disposition was inherited led the racial hygienist to assert that hyman behavior was also hereditary. From this position, it was but a step to assert that national achievements could also be inherited.

Since the racial hygiene movement was not characterized by scientific objectivity but was actually an extension of political aims, it ignored the role of environment and radically opposed the environmental theory which had in the past strongly influenced social legislation and which was backed in particular by the German Social Democrats and Democrats. But after 1933 the racialists were no longer contradicted, since the political victory of the Nazis was also a victory for their ideas.

1/ When the Nazis determined who was a German in the subjugated territories and satellite countries of Eastern Europe, they relied on the individual's declaration that he was a German, a scrutiny of his descent, language, demeanor, education and other (political) circumstances, and the decision of the local Party boss. The line of demarcation often depended upon the political desire to have a considerable number of Germans in given area. Jews were defined in accordance with their religion or the religion of their parents or grandparents.

III. Nazi Legislation

Nazi racial and health theories were embodied in a series of legislative enacted soon after the party came into power. Some of the measures were aimed at encouraging members of preferred racial groups to have as many children as possible. Other measures were intended to discourage and even prevent the so-called undesirable races from bearing children. These various laws are described briefly in the following pages.

A. Law for the Prevention of Hereditarily Diseased Offspring 1/ (Gesetz zur Verhütung erbkranken Nachwuchses)

The Law for the Prevention of Hereditarily Diseased Offspring was decreed by the Hitler cabinet on 14 July 1933 and went into effect on 1 January 1934. It provided for the compulsory surgical sterilization of persons suffering from any one of the following ailments: congenital feeble-mindedness; schizophrenia; manic-depressive insanity; hereditary epilepsy; hereditary St. Vitus Dance; hereditary blindness; hereditary deafness; hereditary severe deformity. Persons suffering from severe alcoholism could also be sterilized. In this respect the Law abandoned its claim to strict adherence to disease defined as hereditary by midical science. It was claimed by the authorities that offspring of severe alcoholics were undesirable, because a drunkard as a parent might have a damaging influence on the moral education of his children.

The application for sterilization could be initiated either by the person to be sterilized, his guardian, by the head of the institution to which he was confined, or -- as happened most frequently in actual practice -- by the local public health official.

To enforce the sterilization laws, Hereditary Health Courts (Erbgesundheitsgerichte) and Appellate Courts for Hereditary Health (Erbgesundheitsobergerichte) were set up, attached to the local courts (Amtsgerichte) and the Courts of Appeal (Oberlandesgerichte) under the Ministry of Justice. 2/ The execution of the order for sterilization, arrived at by the Heredity Health Courts, was the responsibility of the local medical officer (Amtsarzt). He made the necessary

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1/ Reichsgesetzblatt, 1933, part I, p. 529. This Law was signed by Hitler as well as Gürtner, the Minister of Justice, and Frick, the Minister of Interior. Reichsgesetzblatt is hereafter referred to as RGBl.
2/ See below IV, A.

arrangements with the hospital and served notice on the person concerned to present himself on a given day at a specified hospital. If the person failed to comply, the police could be called for enforcement.

At first glance, the law seemed to be a measure for voluntary sterilization. But it actually was not, for in those cases where either the health officer or the director of an institution could file the request, the consent of the person to be sterilized was not needed. Furthermore, it would appear superficially that the Law protected the individual against administrative discretion by making sterilization dependent on the judgment of a court. Actually, however, the eugenic courts were not independent agencies but in effect were administrative branches of the totalitarian dictatorship.

The Government's own expert, Dr. Arthur Gütt, a former District Health Officer who became Director of the Interior Ministry's Public Health Division, tried to go beyond the letter of the Law by including "a criminal disposition" among the hereditary diseases covered this measure. Medical experts resisted this attempt. however, and the Ministry was unable to change the Law. Instead, the Ministry tried to induce the eugenic courts to order sterilization on the ground of "moral feeble-mindedness," which was held equal to the congenital feeble-mindedness of the Law. Pressure was also exerted on the Courts by Dr. Gütt's writings and the writings of other high officials of the Ministry.1/ Additional pressure on the Courts was brought to bear by such subsequent legislation as the Act for the Reduction of Unemployment of 1 July 1933 and the Marriage Health Act.2/ The former Act required certain racial conditions for the acquisition of marriage loans; the latter Act set up as impediments for marriage such conditions as pychoses, "criminal dispositions," and "anti-social behavior." These legislative steps left the door open for the Nazis to initiate discriminatory practices against all elements deemed undesirable by the "master race."

In its attempt to interpret the Sterilization Law in its own way, the Ministry was assisted by the fact that the Law did not provide for a supreme eugenic court. In other words, the interpretation of the Law rested with the individual court. Therefore, long as there was no supreme juridical authority, the Ministry itself was the only national authority in matters of sterilization. Obviously, the Minister was not eager to confer its authority on a supreme court.

1/ Arthur Gütt, Ernst Rüdin, Falk Ruttke, Commentary on the Act for the Prevention of Hereditary Diseases (Zur Verhütung Erbkranken Naihwuchses). This book is regarded as the official point of view of the Nazis on racial matters, especially sterilization.

2/ See below III, G.

Even before the Law came into effect on 1 January 1934, the Reich Minister of Interior began to issue executive decrees which changed its content in various instances. These decrees stipulated the following:

1. Diseases named in the original Law, even if they had manifested themselves only temporarily "out of a hidden disposition" were also to be included as grounds for sterilization.1/

2. According to the original version of the Law, District Health Officers and the directors of certain institutions "may" file requests for sterilization. The "may" was now changed into "must."2/

3. All physicians, whether private practitioners or employees of hospitals, welfare agencies, etc., were ordered to abandon professional secrecy and register with the District Health Officer any hereditary diseases that had become known to them through the practice. This stipulation also applied to dentists, nurses, midwives, directors of institutions as well as all unlicensed persons who could examine, consult with, advise, and treat a person in need of medical care.3/

4. Children under fourteen were not to be forcibly operated upon. Even though persons above the age of fertility and persons otherwise incapable of having children were exempted from the Law, petitions and requests could be filed for children above the age of ten.4/

After the law went into effect, the following changes were made by decrees:

5. If a person was registered as having a hereditary disease and was not willing to apply for sterilization, the District Health Officer was compelled to file application in his stead. The same was true if a director of an institution did not file a sterilization for one of his inmates.5/

6. District Health Officers had to search all municipal and private institutions to prevent persons having a hereditary disease from using such institutions as a refuge from the Law.6/

1/ Decree of 5 December 1933 (RGBl, 1933, I, 1021).
2/ Ibid.
3/ Ibid.
4/ Ibid.
5/ Decree of 19 May 1934 (Reichsgesundheitsblatt, 1934, p. 625).
6/ Ibid.

7. The courts were given the authority to disbar attorneys who considered it their duty to hinder their client's sterilization; that is, argued too strenuously to save their clients from a sterilization order.1/

Another important change of the original Decree was provided by making abortions legal up to the end of the sixth month of the pregnancy with the consent of the woman, if the abortion was necessary to perform a sterilization under the Sterilization Law.2/

The ideas behind the Nazis' legislation in this field were epitomized in the official commentary:

> Severe physical defects are those which have to be considered as fatal for the continuation of the race and render the individual incapable of extraordinary in war, or when danger has to be overcome.3/

Hansjoachim Lemme, a lawyer and an Executive Secretary of the Reich Committee for Racial Health Service, also wrote:

> The lack of moral and social principles caused by a diseased mentality is no less hereditary than defective intelligence. According to experience the effect of moral feeble-mindedness is even the more dangerous. The sterilization law has been built around principles of social efficiency.4/

In 1939, H. Linden, a high official of the Health Division of the Ministry of the Interior, said:

> The highest possible number of those persosns should be sterilized who cannot fit themselves into the national community, do not grasp the meaning of orderly work, and do not understand that they have no claims on the community unless they justify these by their achievements.5/

1/ Decree of 25 February 1935, RGBl, 1935, I, 289.
2/ Act of 26 June 1935, RGBl, 1935, I, 773.
3/ See Gütt, et al., op. cit., p. 161.
4/ Der Önffentliche Gesundheitsdienst, Part B, 1936, p. 789.
5/ Der Önffentliche Gesundheitsdienst, Part A, 1939, p. 273.

B. Law against Habitual Criminals (Gesetz gegen Gewohnheitsverbrecher)1/

The Law against Habitual Criminals, which was enacted on 24 November 1933, provided for the castration of those persons declared to be habitual criminals. Castrations could, however, be ordered only by a criminal court. The original purpose of this measure was to provide for the castration of persons above the age of twenty-one who were sentenced for no less than six months for immoral assault or similar delinquencies and were second offenders and beyond. The original intent of the act was probably manipulated, under the same arbitrary judgments applied to sterilization to determine the category of habitual criminality. For example, "asocial elements" were defined by one Gauleiter as "people incapable of being community members, who because of an incurable hereditary mental attitude do not fulfill the community's minimum demands regarding personal, social, and national attitudes."2/ Such people were labelled "gemeinschaftsunfähig" (incapable of community membership) and were grouped with the criminal as asocial elements, along with the "proletarianized" family whose incapacity could be ascribed to the sins of the "System-Period" "Weimar era).3/ The Nazis claimed that the nature and character of such people were defective and that the future of the race had to be protected against contamination by them.

C. Law for the Protection of German Blood and German Honor (Gesetz zum Schutze des Deutschen Blutes und der Deutschen Ehre)4/

The Law for the Protection of German Blood and German Honor was decreed on 15 September 1935 by the Führer, his representative, Hess, the Minister of Interior, Frick, and by the Minister of Justice, Gürtner and acclaimed by the Reichstag assembled for their purpose at Nürnberg. It forbade marriage and sexual intercourse between "Aryans" and "non-Aryans."5/ For the purpose of this Law, the definition of a Jew, a partial Jew (Mischling), and a "Full-blooded" German was fixed in the First Decree to the Reich Citizens' Act (Erste Verordnung zum Reichsburgergesetz) of 14 November 1935.6/ The

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1/ RGBl., 1933, I. 995.
2/ Gauleiter Gustav Adolf Scheel, Salzburger Landeszeitung, 1 May 1943.
3/ Ibid.
4/ RGBl., I, 1146.
5/ For crimes perpetrated by the Nazis against the Jews, see "Criminal Conspiracy against the Jews," R&A 3114.3.
6/ RGBl., I, 1333 No. 125.

First Decree for the Execution of the Law for the Protection of German Blood and German Honor, which was also issued on 14 November 1935,1/ defined in greater detail the basic issues presented in the original Law. This series of legislative acts is known as the "Nürnberg Laws." They supplied the foundation for some of the most uncivilized acts of the Hitler regime.

D. Decree on Promotion of Marriages

In addition to making provisions for safeguarding the racial quality of the German nation, the Nazis turned their attention to its increase. Once the belief in German racial superiority was accepted, every German acceptable under Nazi standards was under a heavy obligation to be fruitful and to replace the imperfect strains found both within and without Germany. An energetic program followed for raising the birth-rate among the acceptable members of the population. On of the first measures adopted was Part V of the Act for the Unemployment of 1 June 1933, which dealt with the promotion of marriages (Förderung der Ehoschliessungen). This Law granted marrying couples loans up to 1,000 Rm in bonuses for furniture and other household goods, if the future wife had been employed before her marriage and was ready to give up her work.2/ After 1937 the purpose of the loan was to stimulate marriages and thereby the birth rate. In other words, the emphasis on relieving unemployment gave way to insistence on increasing the population.

The official annotations on the law, dated 5 July 1933,3/ attached political and eugenic conditions to the loans. Among the political requirements was the stipulation tnat both spouses had to be German citizens, of "Aryan" descent. The eugenic conditions stipulated that the loans were not to be granted if one spouse suffered from a hereditary defect or disease which made the marriage appear incomatible with the interest of the nation.

A Decree of 26 July 1933 4/ forbade the loan to persons suffering from a contagious disease or a disease endangering life. Applicants had to have certification from the District Health Officer that they were not suffering from such diseases.

1/ RGBl., I, 1333 No. 125.
2/ RGBl., 1933, I, 323.
3/ "Gesetz und Erläuterungen," Reichsgesundheitsblatt, 1933, p. 781.
4/ Reichsgesundheitsblatt, 1933, p. 654.

Directives later issued to the medical officers 1/ requested them not to hinder the government's effort to reduce unemployment and to stimulate the birth rate.

To the conditions for the rejection of loans mentioned above were added descent from a family with hereditary disorders and other circumstances which made the marriage appear incompatible with national interests (one partner being sterile, for example). With respect to hereditary diseases the directives also went beyond the Sterilization Law. They included as additional causes for rejections (hemophilia and diabetes plus a psychopathic condition which included an abnormal character and anti-social behavior due to degeneration). A Decree of 4 January 1939 2/ went even further in barring from receiving loans persons who were incapable of fulfilling their biological duty toward the nation, and persons whose sterilization was rejected by a eugenic court because the disease had not yet clearly manifested itself. The medical officer, moreover, had to make sure that both spouses were descended from families with proper heritage (erbtüchtige Familien) and could be expected to have and to rear similar offspring.

In cases in which the applicant was free from hereditary diseases, but came from a family which had been in conflict with the police, or other authorities, or was unable to run a household, etc., the applicant's total "inherited value" had to be considered below the average. In this case, the condition became a ground for refusing a loan.

Thus, not only a person of anti-social behavior, but even the orderly scion of a family considered anti-social was ineligible to receive a marriage loan.

E. Decree concerning Grants of Child Subsidies for Large Families (Verordnung über die Gewährung von Kinderbeihilfen an kinderreiche Familien) 3/

The grants under this law began in 1935. After 1938 10 Rm a month for the third child and each subsequent child in a family were granted if the family had a yearly income of 8,000 Rm or less 4/ (after 1941, family income was no longer a factor).

1/ "Richtlinien" of 6 March 1934; ibid., 1934, p. 269.
2/ Reichsgesundheitsblatt, 1939, p. 70.
3/ RGBl., 1935, I, 1160
4/ Decree of 13 March 1938, RGBl., 1938, I, 241.

In the beginning, grants were available only the child was free from hereditary physical and mental defects;1/ later it was necessary that no objections could be raised against the families which would render aid to the child's development "inopportune from the point of view of racial hygiene."2/

After 1941 the grants were made unless the Health Offices found that the family belonged to the lowest of the four classes into which the population had been divided in August 1940.3/

In addition to these general allowances, extra grants were made by the Reich for the education of children whose development was particularly welcome from the point of view of National Socialism.4/ Various endowments and municipalities which made allowances generally attached to them specific eugenic conditions. The Sauchel-Marschner Endowment, sponsored by the Nazi Party, demanded an exceptionally good hereditary and general health and political conduct.5/ The City of Berlin's Godfathership was granted only to couples who were expected to produce a child of such high biological value that there was a public interest in their progeny.6/

F. Law for Tax Reduction for Large Families (Gesetz zur Steuerermässigung für kinderreiche Familien)

This Law passed in 1935 provided tax reductions for families with two or more children.

G. Law for the Protection of the Hereditary Health of the German People (Marriage Health Act) -- Gesetz zum Schutze der Erbgesundheit des deutschen Volkes (Ehegesundheitsgesetz)7/

The Marriage Helath Act prohibited marriages if one of the prospective spouses showed one of the following conditions:

1. Suffered from a contagious disease which would severely damage the health of the other partner or offspring.

1/ Decree of 26 September 1935, RGBl., 1935, I, 1206.
2/ Decree of 31 August 1937, RGBl., 1937, I, 989.
3/ See below IV, B. 2.
4/ Decree of 13 March 1938.
5/ Sahm, "Wiederbevölkerund Berlins," Archiv fur Bevölkerungswissenschaft und Bevölkerungspolitik, 1933-34, pp. 270 ff.
6/ Karl Astol, "Arbeitsbericht des Thüringischen Landesamts für Rassewesen," ibid., 1935, pp. 52 ff.
7/ Act of 18 October 1935, RGBl., 1935, I, 1246)

2. Was deprived of his status of being of age and was placed under guardianship or was under preliminary guardianship.1/

3. Although not deprived of his status of being of age, suffered from a mental disorder which made the marriage undesirable from the point of view of the national community.

4. Suffered from one of the diseases defined in the Sterilization Law.

A couple appearing before a civil officer to be married had to present a "Fit-for-Marriage" certificate which stated that there was no marriage impediment in their case.2/ Examination by private physicians was allowed, if the physicians had been certified for the purpose by the Reich Physician's Leader.3/ Physicians of the Nazi Party's National Health Offices were generally admitted to this function.4/

Until 1936, the civil officers were ordered to accept the marrying couple's statement as to their hereditary health, unless they knew that it was incorrect. They were to ask for "Fit-for-Marriage" certificate only in doubtful cases.5/ After 1936 the civil officers had to inform the local health authority --and vice versa--of anything which might lead to a refusal of marriage. The Health authorities had to rely on their files and were not to examine couples solely for the purpose of getting information for the civil officers.6/

The Civil Status Act of 3 November 1937,7/ which did not go into effect until 1 July 1938, obliged the civil officers to ask for the "Fit-for-Marriage" certificate before performing the marriage. The situation remained the same until 1941, when a "No-Objection-to-Marriage" certificate was introduced--which, however, did not change the regulations decisively. By means of these various requirements, veto power over marriage was placed in the hands of the Public Health Offices.

1/ See Bürgerliches Gesetzbuch, Sections 6, 1896, 1906.
2/ This ruling of the Act, however, was to be put in force by a special Decree of the Reich Minister of the Interior.
3/ Decree of 29 November 1935, RGBl., 1935, I, 1419.
4/ Circular (Reich Physicians' Leader) of 6 November 1936, Reichsgesundheitsblatt, 1936, p. 539. For discussion of physicians, see below.
5/ Decrees of 18 and 19 October 1935, Reichsgesundheitsblatt, 1935, p. 970.
6/ Decree of 16 June 1936, Reichsgesundheitsblatt, 1936, p. 681; Decree of 8 February 1937, Reichsgesundheitsblatt, 1937, p. 178.
7/ "Psonenstandsgesetz," RGBl., 1937, I, 1146

The Marriage Health Act prohibited any person who was liable to be sterilized from marrying a non-sterile person, because the Nazi Government did not want anyone to waste his procreative capacity in a marriage to a sterilized person.

Criminal conduct and a behavior endangering the community (gemeinschaftsgefährdendes Verhalten) were regarded as mental disorders within the scope of this Law. Although no proof can be offered for bans on marriage of political opponents, it is most likely that the law was at least as a threat, if not actually applied, to them.

H. Eugenics and Peasants

Eugenic provisions were also attached to the regulations concerning new settlers and to the Entailed Farm Legislation (Reichserbhofgesetz) of 29 September 1933,1/ which changed the inheritance laws for peasants.

According to the directives for the selection of new peasant settlers of 18 January 1934, the settlers had to fulfill the requirements of being of hereditarily healthy stock. About 50 percent of all applications for land grants made by prospective settlers were rejected because the candidates did not fulfill the requirements of Nazi eugenics.2/ There are no figures available on the number of children of peasants who were deprived of their inheritance for eugenic reasons.

I. Change of Regulations during the War

On the eve of the war 3/ a Decree was issued which limited petitions for sterilization by the medical officers and directors of institutions to cases in which a postponement was bound to result in particularly dangerous procreation. The decision was with the Health Authority. If no surgeon was available the execution of a court's decision in favor of sterilization could be postponed. Eugenic courts could be dissolved and their district transferred to other courts.

1/ RGBl., 1933, I, 685. See also Part V, "The Nazi Party," R&A 3113.7.
2/ Heinz Franz, Der Mensch in der Siedlungsbewegung, 1935.
3/ Decree of 31 August 1939, RGBl., 1939, I, 1560. On 6 September 1944, the Reich Minister of the Interior issued a circular on the application of war measures in which the application for the sterilization of the hereditarily diseased was practically eliminated.

The Decree also ordered the civil officer to ask for a "Fit-for-Marriage" certificate only in cases of grave damage to national health and valuable heritage.

A Decree of October 1941 1/ set new rules. It once more required every engaged person to present a "No-Objection-to-Marriage" certificate to the civil office. A serviceman, however, had only to make an affidavit before the civil office saying that he knew of no marriage impediment in his case and had never before been denied either a "Fit-for-Marriage" or a "No-Objection-to-Marriage" certificate. The health authority was to refuse the "No-Objection-to-Marriage" certificate only if he suspected a marriage impediment. This step was obviously an expedient of the Nazis to legitimize the many children who were conceived on servicemen's furloughs.

The suspension of the eugenic laws except in urgent cases had been explained by a lack of judges, physicians and hospital personnel.2/ It is likely that the Nazi Government also realized that it was better to shelve the laws, after most of the hereditarily diseased had probably been sterilized, instead of bothering the population with medical examinations, court procedures, and interference with private life, when supreme sacrifices had to be exacted. Besides, the sterilization of anti-social persons in wartime was perhaps carried out without the procedure of the Sterilization Law.

Within the Ministry of the Interior there may have been a fight about the suspension. Dr. Gütt resigned two days before the Decree was issued (although he was appointed Secretary of State and SS Obergruppenführer before leaving).3/

A register known as the Heritage Inventory 4/ was also probably the basis for one of the most discriminatory of Nazi racial practices: namely, the classification of the entire population according to Nazi gentic values. In August 1940, the Ministry of the Interior published (Directives for Genetical Classification,"5/ which were to unify the rules of genetical care (Erbpflege) and to govern their faultless execution. Such unified procedure seemed necessary in the Nazi view because som branches of the administration and the Armed Forces were refusing to employ officials or officers afficted with a

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1/ Second Decree for the Execution of the Marriage Health Act of 22 October 1941, RGBl., 1941, I, 650.
2/ Das neue deutsche Reichsrecht, IV, d, p. 53.
3/ Conti, "Gütts Abgang," in Volk und Rasse, 1939, p. 225.
4/ See below IV, B, 2.
5/ "Neue Richtlinien für die erbbiologische Beurteilung," Frankfurter Zeitung, 1 August 1940.

"hereditary" disease and were excluding from their service persons who had a parent, grandparent, a brother or sister for such a disease.1/ (It cannot be determined, however, whether the early steps were based on an unpublished government decree, or were taken only by ardent adherents of Nazi racial theories.)

The Government, furthermore, was determined to eliminate from the national community persons whose behavior was considered to have sterilized such persons would have meant only assuring their inability to propagate; it did not lead to elimination of such individuals. Nor was there any certainty that the courts would accept such a policy. A law for the detention of the more severe anti-social cases had often been suggested under the Weimar Republic, but had never been adopted because of the danger to personal freedom it would have entailed. The Nazis had so far only provided for the detention of habitual criminals.2/

The Marriage Health Act of 1935 had been a halting, first step toward the segregation of those persons who had not yet been punished but might be expected to become criminal in the eyes of the regime because of their anti-social disposition.

The Interior Ministry's Directives of August 1940 now provided the basis for segregating such persons. The Directives, moreover, took the final step toward identifying anti-social behavior with hereditary inferiority. In effect these Directives provided for the following procedures: In estimating a person's total value for family descent as well as the national community, his capability and gifts as well as possible hereditary diseases had to be considered. The Directives pointed out that isolated diseases could always be found if a family lineage were closely examined. To have over-emphasized such factors, the text proceeded, would have put large families at a disadvantage, since a great number of children offered a greater chance for manifestation of the diseases. For this reason, primarily, a person's social efficiency had also to be considered in judging his worth. Gifted and efficient lineages were valuable to the national community, even if isolated cases of hereditary diseases had occurred in their ranks. Lineages which showed no hereditary diseased but had little value for the national community had to be examined for the possible existence of hereditary factors to account for their inefficiency.

1/ Hans Hoffmann, "Allgemeines zur Durchführung des Gesetzes zur Verhütung erbkranken Nachwuchses," in Der Öffentliche Gesundheitsdienst, 1939, Part B, p. 67.
2/ Act of 24 November 1933, loc. cit.; Order of the Reich Minister of the Interior.

The Directives then divided the population into four classes.1/ The first class comprised those persons adjudged to display an anti-social behavior and who were alien to the community (gemeinschaftsfremd). Such persons were those who, "on account of their mental attitude...based on an inherited disposition," were continually in conflict with the penal law and the authorities, and who refused to work, tried to derive their livelihoods from public institutions, were either wastrels or drunkards, lacked self-control, or publicly offended by their immoral conduct. These persons were excluded "from all welfare measures and subsidies," including public relief.

The second class consisted of the families which "were still tolerable," but were neither an asset nor a liability to the national community." It included particularly those persons in whose families hereditary diseases had occurred more than once and who were of subnormal efficiency. They were to be granted all subsidies to which no particular conditions were attached including the allowances for families with many children. They were not eligible to receive marriage loans or grants for large families.

The third "and probably largest class" consisted of the families who were average or above, but not far enough above to be considered elite. They were held to be efficient hereditary substance, even if a hereditary disease had occasionally occurred in their ranks, and were eligible for all "furthering and honoring assistance," including the marriage loans, educational allowances, and the honor cross for mothers.

The fourth class was formed by the highly valuable families whose members had never had a hereditary disease and who were consequently received as particularly valuable to the community. Nothing was said about the special grants and honors given to them.

1/ The idea of four classes stemmed from an old Nazi policy. In 1931, Walter Darré, who later was Hitler's Minister of Agriculture, published a book demanding that a new nobility of young men of particularly fine physical qualities be created and placed on breeding-farms (Hgehöfe). German women were to be classified into four groups, the first comprising an elite of approximately 10 percent. The newly designated noblemen were to be allowed to choose from the first and second classes; the third was to be sterilized because of its low value; the fourth included women with criminal records and prostitutes. (See Darré, Neuadel aus Blut und Boden (1934 ed.), pp. 144, 167 ff.)

The Reich Ministry of the Interior published one decree on the execution of the Directives.1/ It dealt with the first class, here defined as those "incapable of satisfying the minimum requirements of the national community owin to their mental attitude." It included those named above as well as those "with anti-state or querulous inclinations," which clearly covered political opponents. Political opposition was apparently defined as an inherited disease. A political opponent under this definition could not only be deprived even of the right to relief if he was in needy circumstances out could "lawfully" be placed in detention without trial.

1/ New York Times, 20 June 1942.

IV. Administration and Execution

A. Hereditary Health Courts (Erbgesundheitsgerichte)

The Hereditary Health Courts (Erbgesundheitsgerichte) passed on the applications for sterilization made under the Sterilization Law. Generally speaking, each Provincial Court (Landgericht) district had one Hereditary Health Court, except where the Landgericht district was very small, in which case jurisdiction was exercised by a Health Court in a neighboring Landgericht district; where the district was very large, there were several Health Courts.

The Health Court was attached to one of the lower courts (Amtsgerichte) within the Landgericht district and drew its judicial personnel from the judges of the Amtsgerichte. The Hereditary Health Court also used the physical and administrative facilities of the Amtsgericht.

The Health Court consisted of one judge (an Amtsgerichtsrat or Landgerichtsrat) and two medical associates. One of the associates was an Amtsarzt, a High Medical Officer appointed by the state. He generally held the post of either chief Kreisarzt, Chief Municipal Medical Officer, or Prisoner Medical Officer, or Prison Medical Officer.1/ The other medical associate was a practicing doctor or a medical officer and was not an Amtsarzt.

Appeals from the Health Court went to the Apppellate Hereditary Health Courts (Erbgesundheitsobergerichte). These courts were attached to the Oberlandesgerichte, which provided personnel and office facilities. The Appellate Court consisted of one judge (an Oberlandesgerichtsrat) and two medical associates as in the case of the lower court (Erbgesundheitsgericht). The decisions of the Appellate Court were final.

The presiding judges and deputy judges at the Hereditary Health Courts and the Appellate Hereditary Health Courts were not permanently appointed, but were assigned for a limited period by the Landesgerichtspräsident and the Oberlandesgerichtsprasident respectively, with due regard to the amount of business to be concluded. These judges were required to take a special course of instruction on the subject of hereditary health at the Kaiser Wilhelm Institut (Section on Health Research -- Erbforschung) in Berlin/Dahlem. Professor Eugen Fischer was in charge of the training courses; lectures were

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1/ In the text following, this officer will be referred to as the First Associate; his colleague will be referred to as the Second Associate.

given by Fischer, Dr. Leonard Conti, the Nazi Health Leader, and others.

The two medical associates had to be well acquainted with the subject of hereditary health. The First Associates were appointed by the Landgerichtspräsidenten and the Oberlandgerichtspräsidenten respectively, after they had been nominated by the Regierungspräsident or some other high government authority. These appointments were for a limited period (generally two years, but subject to reappointment) and did not involve full-time service. Since the High Medical Officers (Amtsarzte) were often called as witnesses or medical experts within their districts, they were generally appointed as First Associates outside of their own districts.1/ The names of a panel of "reliable" Nazi doctors and medical officers, other than Amtsärzte, were also submitted from time to time by the National Sozialistischer Deutscher Arztebund (NS League of German Physicians) 2/ to the Landgerichtspräsidenten and the Oberlandgerichtspräsidenten. An appointment as an associate was honorary and could not be refused by the doctors concerned. The judges of both courts prepared duty rosters for the medical associates (both First and Second Medical Associates), and one of each group was selected to sit with the judge on a given day.

Other personnel attached to the Health Courts included the Justizinspektor, who was in charge of the various registers of the court, a Court Clerk, typists, messengers, etc.

According to reports, appeals to such higher courts as the Appellate Hereditary Health Courts were not admissible after October 1944.3/

1/ More specific information about Hereditary Courts, especially in the Essen area, is contained in footnote 2 (See below).
2/ A PW interrogation of former German officials in Hereditary Health Courts, OSS CID #132765.
3/ Deutsche Justiz, 6 October 1944.

B. Public Health Agencies.

The Nazis incorporated all public health agencies into Division IV of the Ministry of Interior. This division was eventually given the title (Health and Ethnic Matters). (Gesundheitswesen und Volkspflege). Wilhelm Frick was Minister of the Interior for the first ten years of the Nazi regime. After August 1943, Heinrich Himmler became Minister of the Interior and, with SS, Police, and Public Health under his jurisdiction, effected a union between the police and public health functions which furthered the purposes of the Nazi state. Himmler had the wholehearted support of Dr. Leonard Conti, 1/ a German-born citizen of Italian ancestry and one of Hitler's earliest supporters, who was rewarded with the position of (Reich Führer of Public Health), (Reichsgesundheitsfuhrer) and the post of a State Secretary in the Ministry of Interior. In this capacity, he had jurisdiction over Division IV; an assistant, Dr. Cropp, was in active charge.

1. Reich Level. In coordination with Section IV the following agencies and organizations on the Reich level were concerned with the promotion and execution of Nazi racial policies.

a. (Advisory Commission of Experts on Population and Race Policy) (Sachverstandigenbeirat für Bevolkerungs- und Rassenpolitik). This Nazi-created Commission, composed of the leading "scientists" of the National Socialist movement, had the task of proposing racial legislation.

b. (Reich Health Office) (Reichsgesundheitsamt). This office had a number of Sections serving in an advisory capacity to Division IV, among them a Nazi-created section dealing with eugenics and race hygiene.

c. (Reich Genealogical Office) (Reichssippenamt). This office, directed by Dr. Kurt Mayer, corresponded to the Nazi Party organization, the Office for Genealogical Research (Amt für Sippenforschung), also led by Mayer, it carried out the recommendations of the Party office.

d. (Reich Committee for Public Health Service (Reichsausschuss für Volksgesundheitsdienst). Under the personal direction of Dr. Conti, the Reich Führer of Public Health, this Committee coordinated all the societies and associations in the field of public health. While it was established ostensibly to promote mass education in

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1/ Conti occupied many important Party offices. He was also an SS Gruppenführer. His constant advisor and deputy after 1938 in all medical matters was Dr. Kaufman of the Austrian Public Health Service.

personal hygiene and community health services, it was particularly concerned with the promotion of hereditary health and of racial purity according to National Socialist principles. It maintained close relations with the Propaganda Ministry and the Nazi Party Health Office (Hauptamt für Volkagesundheit). The Committee consisted of two sections. Section I, which is of particular interest, controlled the following member organizations, whose purpose was essentially the promotion of Nazi racial and political theories:

German Family League (associated with the Racial Policy Office of the NSDAP)
German Society for Race Hygiene
Nordic Ring
Kinderland Association
Association of German Genealogical Societies
German Folk Theater
German Hygiene Museum
Union of German Public Life Insurance Institutions

e. Reich Committee for Serious Hereditary Mental Diseases and Malformations. This Committee is alleged to have been a small group of doctors secretly operating under the Ministry of Interior. It allegedly set the policies for the so-called "mercy killings" of the insane and deformed. According to various American correspondents in Germany in September 1940, the Nazi Government had begun to resort to the extra-legal device of "mercy killing" involving an unknown number of mentally diseased persons who were inmates of institutions. These persons were secretly transported to three different places to be executed.1/ The fact of the murders has been confirmed by sworn affidavits, by private obituary notices in German papers, and the German Bishops' Pastoral Letter of 2 March 1942.2/ It is possible that a certain number of those killed were ill

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1/ William Shirer, Berlin Diary, pp. 512, 569, et seq.; see also Joseph C. Harsch, Pattern of Conquest, pp. 255, et seq.

2/ New York Times, 17 June 1942. Mr. Shirer in his Berlin Diary states that on 6 December 1940 the Vatican condemned the "mercy killings." Responding to the question whether it is illicit for authorities to order the killing of those who, although they have committed no crime punishable by death, nevertheless are considered no longer useful to society or the state because of physical or mental deficiencies, the Sacred Congregation of the Holy Office held that "such killings are contrary to both natural and divine law." It is doubtful if the mass of German Catholics, even if they learned of this statement from Rome, understood what it referred to.

of hereditary diseases, but there is no evidence that they were examined before the killings. In various cases, the reports to the next of kin were issued before the killing took place.1/

Victor Bernstein, in the newspaper articles cited, states that a limited number of the personnel employed in the hospitals which he investigated were directly involved in the "mercy killings." Also directly implicated, according to Bernstein's reports, was the Reich Committee for Serious Hereditary Mental Diseases and Malformations, operating secretly under the general administration of the Ministry of Interior. This Committee was said to be in full charge of the Nazis' program for the elimination of the unfit 2/ and no child could be killed in any childrens' home (Kinderhaus) unless such an act was authorized by a document generally stamped with the initials "RA" -- for Reichs-Ausschuss, or Reich Committee.

Every child or adult in Germany suffering from hydrocephalous or microcephalous idiocy, middle grade imbecility, or major congenital malformations of the body (whether or not accompanied by insanity) had to be registered with RA. Dr. Conti, according to records uncovered by Bernstein, was responsible for the "mercy killing" program throughout the Reich, and the Reich Committee (RA) was his principal instrument.

The authenticity of Bernstein's report should be investigated, for no information about such a committee had ever existed before. If it does exist, the records of its activities would be very helpful in revealing the extreme application of Nazi racial practices.

1/ The newspaper PM on 1 July and 5 July 1945 had articles by Victor Bernstein, a staff correspondent, on the mercy killings (especially of children) in the Haar-Englefing Insane Asylum and the Kaufbeuren Asylum, both near Munich. Mr. Bernstein visited these places to investigate the problem on the spot. His notes would be highly useful. See also State Department Airgram from Stockholm to Washington, 27/10/43 A-785 on mercy killings in Germany's second largest insane asylum in Hamburg. See also report of two Russian neurologists on mercy killings in Oberwalde near Berlin, as reported by BBC in London and recorded by FCC on 19 May 1945.

2/ A PW interrogation of good reliability held with Otto Meissner, State Minister and head of the Praesidial Chancellery, reveals that there existed a personal, private secretariat of Hitler, which had as one of its functions during the war the elimination of incurable mental cases and idiots. It was also an instrument of Party power, under Reichsleiter Bouhler. This information, hitherto unknown, should be checked. OSS CIO XL 13150.

f. (Reich Chamber of Physicians). Reichsärztekammer- (RAK). This chamber was the state medical organization, corresponding to the NS Ärztebund. Organizationally it was an adjunct of the Division of Public Health of the Ministry of the Interior, although its headquarters were in the Haus der Ärzte in Munich. Dr. Kurt Blume was Conti's deputy in the Chamber. The RAK had legal status as a corporation of public law, and, like the Party and public health services and the Ärztebund, operated on the federal, provincial, and district levels. Since the RAK had jurisdiction over the licensing of physicians to practice, it had complete control of professional activity. The Chamber did not grant licenses to those persons considered to be "non-Aryans." Its decrees were enforced by the (German Disciplinary Court for the Medical Profession), (Deutscher Ärztegerichtshof), operating on the district level.

2. Local Level: The Local Public Health Office (Gesundheitsamt). The Gesundheitsamt was the administrative focus of the entire health service and carried out on the local level all decrees promulgated on the Reich level. Several sparsely-populated (rural counties) (Landkreise) were frequently served by one local Public Health Office, and a thickly populated urban county (Stadtkreis) might have a main office and several branches. The Health Officer (Amtsarzt) who directed the local Public Health Office was, as a rule, the leader of the health services provided by the Party at the county level. Depending upon the size of the unit it served, a local Public Health Office might have, in addition to the Amtsarzt, a deputy Amtsarzt, a Medical Director (Medizinalrat), several part-time consulting Amtärzte, a Tuberculosis Medical Officer, a Health Inspector, a dental surgeon, a dental technician, and a staff of (Public Health Welfare Nurses), (Gesundheitsfursorgerinnen) laboratory assistants, and clerks.

In addition to having charge of the traditional public health tasks, the local Public Health Office was made the pivot of the National Socialist racist program.1/ Under this program, Jews and political dissidents were denied equal access to state medical care, which, by and large, was reserved to uncompromised "Aryans" with the objective of producing a strong and vigorous nation of Germans. To this end, the execution of the laws on racial purification and the encouragement of large families were put in charge of the local Public Health Offices.2/

1/ Gesetz zur Vereinheitlichung des Gesundheitswesen of 3 July 1934, RGBl., 1934, I, 531.
2/ Decree of 3 March 1935, Reichsgesundheitsblatt, Third Supplement, 1935, p. 66.

One of the major activities of the Gesundheitsamt under National Socialism was the classification of the entire local population in accordance with Nazi genetic theories with the idea of developing a racial caste to constitute the ruling class of the New Order.1/ To help achieve this goal, the local Public Health Officer compiled in collaboration with the police, a complete file of the medical records of every individual.2/ Each file of this so-called Heritage Inventory contained the following records: the family tree, giving the race and cause of death of all ancestors and first-degree relatives back through at least two generations; the birth certificate; infant care reports; medical reports of the Recruiting Board; vaccination record; school and Hitler Youth medical reports; and pre-marital medical examination reports. These files were kept at the local Public Health Office of the place of birth. When persons married, their dossiers were brought together to form the basis of a new index or Sippenkartei (genealogical register). The Reich Ministry of Interior called this Heritage Inventory "the indispensable basis of National Socialist racial hygiene which gives the necessary foundation to the decisions that have to be made for the cause of racial hygiene."3/

The political uses and abuses to which such files could be put were obvious. They permitted ready identification not only of those groups in the population which were afflicted with the so-called "hereditary" diseases, but were even more important for coercive and disciplinary purposes, such as those that might be exercised by rationing boards, training centers, labor exchanges, prospective employers, and the police. A variety of other information thus went into the files. For example, any disagreement with Nazi ideology was considered a pathological tendency and was entered in the medical record. Children of parents guilty of opposition or with a record of imprisonment were stamped as of "abnormal" heredity. Thus, with the aid of the Heritage Inventory, subject to the decision of the local Hereditary Health Court, with which it worked in close cooperation, the local Public Health Office could propose sterilization of those persons whose "genetic quality" was low, abortion where sterilization was not performed in advance of conception, and castration. The law requiring certificates of fitness from the Health Office before marriage and the law granting marriage loans in accordance with racial, political, and genetic values

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1/ See above III, I.
2/ Decree of 21 May 1935, Reichsgesundheitsblatt, 4th Supplement, 1935, p. 73.
3/ Decree of 5 May 1939, Reichsgesundheitsblatt, 1939, p. 510.

established by this same office, gave it complete power over marriage and family life in Germany. To carry out their functions relating to marriage, the Public Health Offices established matrimonial exchanges and advice centers, and family advice bureaus.1/ Since the mentally deficient, the psychopaths and epileptics were institutionalized on the initiation of the local Public Health Office, this function allowed another opportunity for the application of Nazi racial and political policies.

In carrying out all of its functions, the local Public Health Office cooperated with the race, heredity, and population campaigns of the Party and of the SS, which served as the police arm for the Health Office. Typical of the union between health and police functions was the founding of the (Asocial Commission) (Asoziale Kommission) by Gauleiter Gustav-Adolf Scheel in Salzburg in 1943. Members of the Commission were Party and Public Health Officers and representatives of the Party Welfare Services, the German Labor Front, the criminal police, and the SS. Their task was to detect asocial elements in the population. Guilty adults were sent to labor camps and guilty children to reformatories.2/

The local Public Health Office was charged with the tasks of certifying the racial and political eligibility of all physicians in its locality, who applied to the Reich Chamber of Physicians for license to practice, of supervising the training and performance of midwives, and of overseeing the activities of other medical and health personnel. These supervisory functions were carried out by the Health Office in close cooperation with the Party and the appropriate professional organizations.

1/ Decree of 3 March 1935, Reichsgesundheitsblatt, Third Supplement, 1935, p. 66.
2/ Salzburger Landeszeitung, 1 May 1943.

C. Nazi Party Health Services

For descriptive reasons it is necessary to discuss the various party health services separately and to distinguish them from the public health system, but neither Party nor Public agencies operated in watertight compartments. On the contrary, both public and Party services were coordinated at each administrative level, and were frequently administered by the same person. The Party reserved for itself those health services which could be offered as gestures of bounty and of concern for faithful adherents, and left to the public health system those services which were routine or without popular appeal.

The chief concern of the Party health services was with racial hygiene and the health education of its members along Party lines. The following Party offices and organizations were established to control these matters:

1. Main Office of People's Health (Hauptamt für Volksgesundheit). This was the office on the Reich level which administered the health services of the Party. Its task was "the leading of each individual member of the German People's Community, and thereby the entire German people to the optimum realization of their hereditary and racial potential, to their optimum health, and thereby to their optimum productivity...."1/ It was authorized and empowered to exercise sole jurisdiction in matters of public health over all Party formations and affiliated groups.2/ The function of the Main Office was to give direction to all measures of health and racial policy. Like the Party itself the Hauptamt maintained administrative units at the Reich, Gau and Kreis levels. Its personnel at each of these levels was for the most part identical with the personnel at the equivalent level of the public health system of the Government.

   Dr. Leonard Conti, Reich Führer of Public Health was head of the Hauptamt, in which capacity he was Commissioner for All Questions Concerning the Public Health (Sachbearbeiter für alle Fragen der Volksgesundheit) within the Party Chancellery. In this position, Conti exercised supreme authority as the agent of Hitler in matters of public health and advised on questions of legislation and personnel in his field. As Reichsärzteführer, Conti headed the NS League of German Physicians, which was supervised by the Main Office.

1/ NS Jahrbuch, 1944, p. 188-9.
2/ Verfügung 15 May 1934 and Anordnungen des Reichsorganisationsleiters No. 20/34 of 14 June 1934 and No. 22/35 of 8 November 1935.

The execution of measures promulgated by the Main Office was the duty of the individual Party offices, Party formations and the affiliated associations. One of the chief organizations supervised by the Main Office was the NS League of German Physicians.

a. NS League of German Physicians (National-Sozialistischer Deutscher Ärztebund). The origins of this Party organization may be traced to the earliest days of the Nazi movement. The Ärztebund was organized openly in 1929 as the official Party medical society with a platform calling for the elimination of Jewish physicians from medical practice. By 1933, its membership numbered some 5,000 or about 10 percent of the total number of physicians in Germany. These "old fighters" constituted the political "elite" of the profession, and formed a special section within the Ärztebund, known as the NS Bund Deutscher Ärzte der Kampfzeit (NS League of German Physicians of the Period of Struggle). It was from their ranks that the Leaders of the medical profession were drawn.

Immediately after the seizure of power, opportunists hastened to join both the Party and such specialized units as the Ärztebund.1/ It was apparent that any physician hoping to hold or receive appointment to a medical office would have to belong and that physicians who refused to join the Ärztebund or to conform in other ways became politically suspect, subject to loss of their posts, and eventually liable to arrest. Moreover, the Party put the Ärztebund in charge of "all measures of health and health-political import."

All Party formations and affiliated associations could become active in the sphere of health only in accordance with the directions of the Main Office for the Health of the People.2/ The office of the Ärztebund at each administrative level, furthermore maintained close control of appointments and activities in both the Party and the public health services at the corresponding levels. To carry out its

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1/ A physician who joined the Ärztebund did not necessarily join the Party. He could join either or both. Loyal Party members would, however, feel compelled to join the Party organization appropriate to their professions.
2/ NS Jahrbuch, 1944, pp. 207-8.

work the Ärztebund established a School for Leaders of the German Medical Profession (Führerschule der Deutschen Ärzteschaft) at Alt-Rehse, Mecklenburg.

The following groups of auxiliary medical personnel were organized by the Party as sections within the NS Deutscher Ärztebund: dentists (Verband Deutscher Zahnärzte), headed by Dr. Atuer; dental technicians (Verband Deutscher Dentisten), headed by Dr. Blumenstein; veterinarians; and apothecaries.

Gerhard Wagner was made the first Reich Führer of physicians, in which capacity he had charge of the Ärztebund and the Hauptamt für Volksgesundheit. On Wagner's death in 1942, Conti succeeded Wagner in the Führer role and thus controlled both Party and state health services and professional organizations. His deputy was Dr. Kurt Blume.

2. Advisory Council for Public Health (Sachverständigenbeirat für Volksgesundheit.)1/ In the Reich leadership of the NSDAP there was an advisory council for public health in which all professional groups in the field of health were represented. The council was under the leadership of the Commissioner of the Party Chancellery for All Questions Concerning Public Health, (i.e., Conti).

3. Racial Policy Office of the NSDAP (Rassenpolitisches Amt der NSDAP). The duty of this office was to unify and supervise the entire indoctrination and propaganda work required by the official population and racial policy. Publications on racial or population policy matters needed the sanction of this office, which also represented the Party in relation to the Government on all racial matters.

The leader of the Racial Policy Office, Hauptdienstleiter Dr. Med. Walter Gross, was directly subject to the Führer. The following offices were attached to the Racial Police Office: a. administrative matters; b. indoctrination; c. propaganda; d. foreign department; e. advisory office; f. practical population policy; g. press; h. science (research); i. women and girls' work.

1/ Organisationsbuch der NSDAP, 1943, p. 238

The Racial Policy Office supervised the Reich Association "German Family" under Kaiser as one of the organizations supervised by the NSDAP.

a) The "German Family League" (Reichsbund "Deutsche Familie"). The purpose of the League was to encourage procreation as "the most honorable form of life for hereditarily virtuous German families." The membership consisted of ordinary, extraordinary, and honorary members. Ordinary members were mothers and fathers of "good" blood with at least four children. Extraordinary members were men and women with less than four children. Honorary members were ordinary and extraordinary members who rendered special service to the League. No material services, financial or otherwise, were provided for the members. Dr. Kaiser was at its head.

4. Office for Genealogical Research (Amt für Sippenforschung). This office came into being on 15 October 1934.1/ Its function was to give statements and opinions about the hereditary reliability of individual persons, and to determine especially whether candidates for the SS and their wives had "Aryan" ancestry. It took care to prevent persons merely suspected of having Jewish blood from being admitted to Party organizations. The leader, Dr. Kurt Mayer, belonged to the Party Chancellery. He was at the same time leader of the Reich Office for Genealogical Research in the Reich and Prussian Ministries of Interior. The special duties of the Reich Office for Genealogical Research were related to such laws as the Reich Citizens' Law, Reich Officials' Law, Reich Entailed Farm Law, Entrance Requirements of the NSDAP, etc.

5. NS Welfare Organization (NS Volkswohlfahrt - NSV). The NSV was an affiliated association of the Party, organized according to the familiar National Socialist principles of structure and leadership. It was administered at the Reich level by Erich Hilgenfeldt, who was appointed by Hitler. Its Health Welfare Bureau, (Hauptamt für Gesundheitsfursorge) headed by Dr. Otto Walter, was organized on federal, provincial, and county levels; its offices worked in close assiciation with the Peoples' Health offices of the Party on the same level and carried on many of the same activities, except that they served individuals whose special needs could not be met

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1/ The order founding this office was No. 49/34 in the Verordnungsblatt der Reichsleitung, IV, 203.

from their personal resources. The District Office for Public Health (Kreisamt für Volksgesundheit) exercised an important control over the health services provided by the NS Welfare Organization by virtue of its power to grant special certificates of political reliability to physicians desiring to work for the NSV.

As time passed, the NSV became more and more inclined to exclude from its benefit all persons hereditarily diseased. How the work of the NSV was viewed was expressed by a Nazi publicist, writing in 1938:

> Its principles forbid the NSV to take care of persons whose hereditary and racial substance is inferior. The NSV stands for the following principles: The inferior person must be given the minimum needed for subsistence so that he can live, which is his elementary right. In general, however, public relief should grant more than the minimum needed for subsistence.... To say that the religious charity organizations should take care of the biologically inferior person would be a violation of our population policy. Our conclusion therefore is: Let us keep the inferior alive without doing more, and let us concentrate the means at our disposal on the valuable persons.1/

6. Health Services of the German Labor Front. The German Labor Front provided medical services in factories and other industrial establishments through the DAF Office for Health and Protection of the People (Amt Gesundheit und Volkschutz der DAF), whose chief was Prof. Dr. Bockhacker.

The task of making every bit of German manpower available was entrusted to the "works doctors" employed in factories by the DAF. Before the war, they numbered less than three hundred and were engaged mainly in first-aid and generally in hygiene and preventative medicine. By the end of 1944, however, there were almost 8,500 works doctors with 90,000 assistants -- young medical students, nurses, and girls of the Bund Deutscher Madel. Treatment was given, as in the public health system, according to the economic value of the worker. When there was conflict between health needs and the need for manpower, the latter had priority. For

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1/ Joseph Franz Zimmermann, Die NS-Volkswohlfahrt, Würzburg, 1938, p. 63.

example, Dr. Esch, a Professor of Gynecology at the University of Münster, was dismissed from his post in 1943, because he published an article maintaining that factory work was not good for women.

That an essential function of the works doctor was to force attendance at work was made clear by the decree of September 1944 of Reich Führer of Public Health, Dr. Conti. He stipulated that medical reports justifying absence due to illness, or certificates as to work suitability, could not be issued by personal physicians, hospitals, and nursing homes, but had to be requested of the labor authorities, who decided the merits of each case. This move was intended to check that "small circle of compatriots...who, because of genuine or imagined illness, believed themselves not to be up to the demands of the hour."1/

The priority of manpower requirements over health matters was most clearly illustrated by the plan for exploiting the labor potential of persons afflicted with tubercular diseases. In direct contradiction of well-established principles of therapy in such cases, a Nazi medical spokesman declared that "open lung tuberculosis must always be regarded as consistent with working capacity."2/ The main body of Nazi physicians went even further: "What must be eliminated is the indefensible tuberculosis mania which has been bred by the tuberculosis educational campaign.... The method by which this is to be done is in the line of appropriate integration with the Labor Front. We attach special significance to the planting of political activist forces of the German Labor Front in the workshops...."3/

Physicians attached to sanatoria, physicians employed in TB welfare work by public health and NSV services, and physicians in private practice were required to report to the local employment office all TB patients who were "fit for work." In September 1943, the Deutsche Medizinische Wochenschrift admitted that "experiments have shown that the employment of tubercular patients

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1/ DNB (Deutsches Nachtrichten Büro), 13 Sept. 1944, monitored by FCC 14 September 1944.
2/ H. Steininger, "Wann ist ein Lungenkranker arbeitsfähig?" in Medizinische Klinik, 35:750, 1939.
3/ "Tuberkulosebekampfung und-fursorge am Arbeitsplatz" in Deutsche Medizinische Wochenschrift, 1939.

together with healthy workers is feasible only if the fact of their illness is kept a secret from the healthy workers."1/ Nevertheless, the Reich Tubercular Commission asserted in June 1943 that "the capability of tubercular persons to infect others is definitely limited." It also said: "Measures at home or at work which go beyond /the separation of those who cough much/...are unjustified and only likely to produce unnecessary fear of infection." 2/

In view of this program of so-called "labor therapy" for the tubercular, the popular mistrust of any medical treatment received at the hands of the works doctor was understandable. Yet the works doctor came more and more to replace other medical practitioners. In armament works, medical care by the works doctor was compulsory. More than seven thousand armament plants had their own works doctor, but among smaller plants, one works doctor served a district. The works doctor system was announced as a method of saving the time usually lost in traveling to and from the doctor's office or spent in his waiting-room; the works doctor's office hours, moreover, were made to coincide with mealtime in the factory. In effect, the system limited still further the receding margin of medical choice left to the worker, who had lost the rights he once had under social insurance. When Prof. Bockhacker issued the decree of July 1944, substituting compulsory treatments by the factory doctor in armament plants for treatments by the insurance practitioner of the worker's own choice, he stated that "the anti-selection process practiced by doctors, which neglects natural selection and elimination, has had an even worse effect than equalization. A considerable percentage of people -- asocial people and loafers -- receive the extensive medical care customary for all comrades, without deserving it.... Consequently, the insurance ideal in social insurance must be replaced by the idea of maintenance, that is, everyone who has done his duty toward the peoples' community will be provided for. The extent of the aid is not determined by some scheme of equalization, but by the extent of the person's achievements."3/

1/ Health in Axis Europe, R&A No. 1070, p. 66.
2/ Elizabeth Dehoff, "Tuberkulose Konstitution und Arbeitseinsatz," in Deutsches Tuberkuloseblatt, April 1942, p. 73, quoted in R&A No. 1070, p. 66.
3/ Der Angriff, 7 May 1944.

The feeling among workers was that the factory doctor would pay as little attention to their ailments as the military doctor did to those of the recruit. They had been told again and again that "not consideration, but achievement" was the watchword of Nazi medicine.1/

7. The Organization of the Reich Youth Directorate (Reichsjugendführung). The Directorate consisted of fifteen main offices (Hauptämter, subdivided into Hauptabteilungen) under the supreme authority of the Reich Youth Leader, Arthur Axmann, assisted by the Chief of Staff, Helmut Möckel. One of the departments was the Hitler Youth Health Office (Gesundheitsamt). Its functions were the rendering of medical service, rescue service and the training of medical orderlies (Feldschere). This office was in liaison with the Office of Public Health of the Nazi Party. The chief of the Hitler Youth Health Office was Dr. Richard Liebenow.

1/ Der Angriff, 7 May 1944.

D. Offices of the SS Concerned with Racial Policy

The Schutzstaffel (SS),1/ the protective guard of the National Socialist Party, was headed by Heinrich Himmler. Under his leadership, the SS developed into an organization charged with insuring the security of the entire Nazi movement and regime. Certain aspects of the SS become clear only after reference is made to a subsidiary part of its work, which included the maintenance of the doctrine of "Race and Blood." This aim was not only realized by the selection of SS men but also became the basis of an active SS population policy outside Germany. This doctrine was, of course, part of the Nazi philosophy, but its execution tended to become a special province of the SS. To the main function of safeguarding the internal security of Germany must be added, therefore, the secondary -- but in the eyes of the Nazi theorist, the allied -- task of defending the "purity" of the German "race." To carry out this phase of its mission, the SS developed various organizations.

1. SS Race and Settlement Main Office (SS Rasse- und Siedlungs-Hauptamt). This office was one of the three oldest Hauptämter or main offices in the central direction of the SS. Its chief was SS Obergruppenführer and General of the Police Richard Hildebrandt. In 1937, it consisted of the following seven sub-offices (Ämter):

   1) Organization and Administration (Organisation und Verwaltungsamt); 2) Racial (Rassenamt); 3) Indoctrination (Schulungsamt); 4) Family (Sippenamt); 5) Settlement (Siedlungsamt); 6) Records and Press (Amt für Archiv und Zeitungswesen); 7) Population Policy (Amt für Bevölkerungspolitik).

In the general reorganization of SS administration which took place in 1940, the offices were cut to four, covering Family, Racial, Settlement, and Administration.

In spite of the restriction of its field of activity, the volume of work undertaken by the Hauptamt necessarily increased with the progress of the war. This was due partly to the physical expansion of the SS in the years of war, particularly in connection with the task assigned to Himmler of repatriating racial Germans (Volksdeutsche) from Russia and the Balkans and settling them in Germany and the occupied areas of Poland.2/

1/ See "The Nazi Party", Part IV, R&A 3113.7.

2/ For German racial and settlement work abroad, see paper on "The Nazi Party".

The main function of the Hauptamt was to translate into practice the general racial theories of the SS. To assist the execution of its policy, it had a special officer (Führer im Rasse und Siedlungswesen) on the staff of each SS District (Oberabschnist). In addition, Family Welfare Offices (Sippenpflegestellen) were set up in many large towns in Germany and occupied countries. With the racial laws of the SS as a basis, it was the task of the Hauptamt and its sub-offices to supervise the selection and breeding of SS men, and to foster the general well-being of the SS in accordance with its code of "tribal" solidarity.

The Hauptamt became the only competent authority for checking racial and genealogical records and deciding on the racial eligibility of all candidates for entry into the SS. As a logical extension of the theory of racial selection, no member of the SS could marry a person who had not been approved on racial grounds by the Hauptamt (including male members of SS, SS employees, and female auxiliaries).

The latest known offices of the Hauptamt were as follows:

a. Administration and Organization (Amt Verwaltung und Organisation). This office, probably located in Prague, was the coordinating department for the remaining offices of the Hauptamt. It was responsible for all problems of organization, personnel, and equipment. It probably controlled the Personalstelle (Personnel Section), which presumably dealt with the administration of the personnel of the Hauptamt and its regional officers and staffs.

b. Racial Office (Rassenamt). This office, whose chief was SS Gruppenführer Harold Turner (also the deputy of the chief of the Hauptamt), had the general task of demonstrating and publicizing the basic racial dogma of the SS that "blood" alone determined history, ethics, law, and economics. It probably absorbed most of the functions of the former Sippenamt which was responsible for: (i) the maintenance of the doctrine of family solidarity in the SS as a whole; (ii) supervision of the general welfare of the SS, in particular the welfare of dependents of SS men in the Armed Forces; (iii) determination of the racial fitness and ancestral descent of present members and new entrants into the SS; and maintenance of the Genealogical Book (Sippenbuch) of the SS.

This office controlled the Welfare Section, the Office for Dependents' Allowances Abroad, and the Genealogical Research Section. The latter section undertook research into the

ancestry and genealogy of members of the SS and assisted in producing the requisite genealogical data for engagement and marriage applications from SS members.

c. Marriage Office (Heiratsamt). This office originally formed part of the Sippenamt but later functioned as a separate unit.1/ It was responsible for scrutinizing engagement and marriage applications and taking decisions upon them.

2. The Fountain of Life Society (Lebensborn). The minimum family expected of an SS man was four children. Where this was not possible, SS men were expected to adopt suitable children and bring them up on National Socialist lines. Partly to assist in this process, partly to foster the general racial policy of the SS, a society known as the Fountain of Life (Lebensborn) was founded by the SS in 1936. Beginning in 1939-40 the society, whose president was SS Standartenführer Max Sollmann, was recognized as having the legal right of guardianship for minors. It was under the direct control of Reichsführer Himmler of the SS, with a representative serving on his personal staff, and was affiliated with the Race and Settlement Main Office. Its purposes were:

a. To assist large "racially valuable" families.
b. To assist pregnant mothers in all cases where the Race and Settlement Department approved the "racial value" of both parents.
c. To care for the children of such unions.
d. To care for the mothers of such children.

It maintained a Central Office (Sammelstelle des Lebensborn e V.) at Munich, and a number of maternity and children's homes. This society, under Himmler's personal sponsorship, officially advocated that SS-men on furlough from the front "do their duty with respect to an increase in population."1/ It also guaranteed maternity hospitalization for Norwegian and other "Germanic" mothers who had conceived children from German soldiers; these children were to be delivered in Germany and to be reared there, their mothers returning home. It also administered "Hegehöfe" or small experimental "human stud farms."

Apart from general welfare work among SS families, it was the primary function of the Lebensborn to secure control for the SS of "racially" valuable children who could be bred as a contribution to the future generation of Germany's rulers.

1/ The Allgemeine SS, MIRS/OCC - CI/27/44. CID 124905.

The express provision for mothers of illegitimate children provided a particularly effective method of doing this. It was an "honorable obligation" of all full-time SS officers to become contributing members, giving periodic contributions according to their income.

3. Personal Staff of the SS Commander in Chief. Der Persönliche Stab des Reichsführer-SS. This staff status of a Hauptamt (Main Office). Primarily an advisory staff, its members and component agencies were exclusively under Himmler's jurisdiction. In addition to the chiefs of the various Hauptämter, who were automatically members because of their positions, the staff originally consisted of both the heads of the offices which were integrated into the Personal Staff, and various agencies administering projects in which Himmler had a personal interest.

   The following health and racial offices were attached to the Personal Staff:

   a) Chief SS and Police Medical Officer (Der Reichsarzt-SS und Polizei). The head of the SS Medical Bureau, SS Obergruppenführer Dr. Ernst Robert Grawitz, was the highest authority concerning sanitation and medical matters of the SS. The head of this bureau served on the Personal Staff as Himmler's advisor on medical matters, which was always kept independent from the medical programs of Party, State, etc.

   b) Bureau for Population Policy (Das Amt für Bevölkerungspolitik). This office formulated directives of the SS Supreme Command relative to eugenic population problems. It delegated representatives to the Personal Staff.

   c) Fountain of Life Society (Lebensborn e.V.).1/

   d) Society for Research and the Teaching of Ancestral Heritage (Die Ahnenerbe-, Forschungs- und Lehrgemeinschaft). This society endeavored to promote heraldy, the "scientific" study of family and of national hereditary history, and the dissemination of racial theories.

1/ See above D, 2.

E. Medical Care in the Armed Forces

It is estimated that approximately one-third of Germany's 49 to 50 thousand physicians were in the Armed Forces. Beginning in 1942 Dr. Karl Brandt was Commissar General for Medical and Health Services, charged with the coordination of military and civilian health services. Dr. Brandt was an associate professor of surgery at the Surgical Clinic I of the University of Berlin. He was also the attending surgeon to Hitler, an SS honorary Brigadier General (SS Gruppenführer in the Allgemeines SS) and a Brigadier General in the German Army Medical Corps (Generalarzt). He was one of the highest medical officials in Germany and thus one of those chiefly responsible for the operation of the Nazi racial and health policies.1/

One must differentiate between German military medical and health affairs (Sanitätswesen) and civilian medical and health affairs (Gesundheitswesen). The military was organized under the Chief Medical Officer of the Wehrmacht (Lt. General Handlöser) in 1938, with a Chief Medical Officer of the Army (Handloser held this position as well until January 1944, when Lt. General Walther was appointed), a Chief Medical Officer of the Navy (Admiral Creul), a Chief Medical Officer of the Air Force (Lt. General Schroeder), a Chief Medical Officer for the SS (Waffen and Allgemeines) (Lt. General von Gauvitz, also President of the German Red Cross), a Chief Medical Officer of the Todt Organization (Dr. Perschman), and a Chief Medical Officer of the "Arbeitsdienst" (General Schroeder). Dr. Conti, as mentioned before, headed the civilian health services.

Before the war, the Army Medical Corps offered one of the few opportunities for the practice of medicine free of Nazi perversions and distortions, and it was thought that some anti-Nazi physicians might have escaped from their dilemma by joining the Armed Forces. From 1939 on, however, Nazi medical theories and practices were coming to the fore. Early in the war, the Münchener Medizinische Wochenschrift, published by the Lehmann firm, urged that in the treatment of war neuroses, "those afflicted with heavy trembling should be brought together in special detachments and employed in manual labor regardless of their disorders. Their place of work should be quite near the front lines where danger is not much less than for the actual fighters. Where hospitalization was necessary it should be of short duration."2/ Further instances of determination to place military needs above else appeared in December 1944,

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1/ See PW interview with Dr. Brandt, CID 138106.

2/ Quoted by E. M. Lerner, "Nazi Stereotyes found in Recent German Technical Journals," Journal of Psychology, 13:179-92, 1942.

when Dr. Handlöser set up three classifications for conscriptees: "fit for combat duty," "fit for limited combat duty," and "fit for labor duty." He ordered his medical officers "to dispense with scruples that may have been justified under different circumstances, and to allocate all men without false leniency."1/

Even before this order an article in "Der politische Soldat", a periodical for unit commanders, (No. 9 of August 1944) showed the German attitude toward the medically unfit.2/ It stated that a man with a bad foot could still lift a carbine and a man with a bad heart could always help to haul a gun into position. It further asserted that wounded soldiers had to be rushed back to battle, even if it meant premature release from the hospital. Manpower needs obviously came first. The health condition of the soldier was ignored except as it affected his availability for battle.

1/ OWI Foreign News Bureau, 24 November 1944, FN-37. A pastoral letter of the Catholic Bishops of Germany issued in the spring of 1944 condemns, among other Nazi practices, the "assassination" of mortally wounded men. The text undoubtedly refers to soldiers.

2/ OSS CID 108123R.

F. Medical Care in Concentration Camps

After 1934, the German concentration camps were controlled and administered by the SS Wirtschafts- und Verwaltungshauptamt (SS Economic and Administrative Department) --abbreviated WVHA--- and the Reichssicherheitshauptamt (Department of National Security) -- abbreviated RSHA-- both of which formed part of the Reichsführung SS (SS High Command).

Apart from the actual imprisonment and release of prisoners, which was function of the RSHA, the WVHA was entirely responsible for the administration of the concentration camps, and supervised the camp personnel, the guard units and the inmates.

The WVHA, whose headquarters were in Berlin, was divided into several Amtsgruppen or branches. The branch handling concentration camp affairs was Amtsgruppe D, Führung und Verwaltung der Konzentrationslager (Command and Administration of Concentration Camps). SS Obergruppenführer und General der Waffen-SS Oswald Pohl was head of the WVHA and responsible to Himmler. The chief of Amtsgruppe D was SS Gruppenführer und Generalleutnant der Waffen-SS Richard Glücks.

One of the four Ämter (Departments) making up Amtsgruppe D was Amt III, which was concerned with Medical Administration (Sanitätswesen und Lagerhygiene). This Department, headed by SS Obersturmbannführer Dr. Lolling, was responsible for general medical and health administration of all camp personnel, both staff and inmates.

The Kommandantur (Camp Headquarters) of each concentration camp was subdivided into Abteilungen (Sections), in charge of all aspects of camp administration and organization. One section, usually Section V, was that of the Camp Doctor (Standortarzt). Camp physicians were supplied from the SS ranks. These physicians were not only devoted Party members, but were also drawn from the NS League of German Physicians of the Period of Struggle.

Following are the names of some camp medical officers, according to available information on concentration camps:1/

1. At Auschwitz
   Dr. Edward Wirths;

2. At Buchenwald
   Dr. Hoven;

1/ SHAEF report on German Concentration Camps, compiled by MIRS (London Branch) from material available at Washington and London. E.D.S./G/6.

3. At Dachau
   Dr. Brachtel, Dr. at the camp
   Dr. Wolter, Senior camp medical officer
   Prof. Breuer, Psychiatrist;

4. At Flossenburg
   Dr. Schnabel;

5. At Natzweiler
   Dr. Eisele, notorious killer, formerly at Buchenwald;

6. Niederhagen
   Dr. Metzger, Senior camp medical officer
   Dr. Gerhard Krieger, Garrison medical officer;

7. At Sachsenhausen
   Name of doctor not available, but it is reported that injection experiments were conducted here on Russians and Jews, typhus was uncontrolled and sick and crippled inmates were executed in so-called "S-Kommandos."

8. At Scheveningen (Holland)
   Dr. Wertenterp

The following account of medical care in concentration camps is drawn from the experience of two former prisoners.1/ At Dachau and Buchenwald where 90 percent of the inmates were political prisoners, sanitary conditions, which were under the jurisdiction of the camp physicians, were indescribably filthy. Water-closets built into the barracks could not be used because the water supply was inadequate. After hours, prisoners were required to use buckets or other receptacles which were not emptied for days, and into which sick inmates confined to the barracks--even those with communicable diseases--eliminated as well.

Medical services, the above account continues, were performed either by inmates or guards without medical training other than perfunctory instruction given them in the camp. They even undertook difficult surgery, including amputations. If prisoners were able to reach the camp clinic, they were considered ill only when they had an exceedingly high temperature. The sole treatment in most cases was "rest" within the

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1/ Dr. E. Mantel, "Report on Concentration Camps Dachau and Buchenwald," and statement by A. H. Booth, OSS, CID #92026. This information should be available in the files of the War Crimes offices in London.

barracks. According to camp regulations, however, "rest" cases had to police the barracks, including the emptying of buckets outside. Except in the case of particularly severe illness, "rest" cases were forced to join the morning roll-call of all camp inmates in the yard, and stand with their well fellow inmates for hours exposed to the hazards of the weather and the cruelties of the guards. At Buchenwald, no examination preceded physical punishment or torture; at Dachau, however, it was customary for physicians to certify that prisoners could stand the punishment.1/

Besides providing "protective custody" for indefinite periods of time, concentration camps served also as "investigation jails" for the Gestapo. At Fuhlsbüttel, inmates under investigation received no medical attention from the camp doctor without the permission of the Gestapo, i.e., until they had made satisfactory confession. When inmates died as the result of torture, their death certificates gave "heart trouble," "kidney infection," and the like as the cause of death.

1/ See "Criminal Conspiracy Against the Jews," R&A 3114.3

G. Medical Care of Foreign Workers 1/

The Party, forced by the manpower shortage to expose even German "Aryan" workers to grave health risks, admitted no obligation to preserve the health of those foreign workers whom Nazi racial theories rated low in the scale of values. Only where small numbers of foreign workers were employed in factories serviced by a works doctor of the DAF, would they be likely to come within the purview of the Party health services.

The kind of medical care received by foreign workers was indicated by an edict of the Pomeranian Department for Public Health of January 1942, which ordered that Poles were to be given leave for medical care only "in particularly serious cases.... Doctors must not pay any unnecessary visits to Poles, and thus, as so often happens, withdraw important assistance from comrades. Every employer must, therefore, know that only in the most urgent cases must doctors be called in for the Poles, and even then are only at his disposal if the doctor has nothing else to do. Poles may not be in the same waiting room as German patients, but must wait apart and /if seen at all/ will have special hours in the week reserved for them." 2/ While the treatment of Poles was notably worse than that of other foreign workers, the ardent Nazi physician showed much the same attitude toward other nationalities. A Pomeranian doctor characterized as "foreign rabble," the Poles, Lithuanians, Russians, Ukranians, Czechs, French, and Dutch, who came to him for treatment. "Unfortunately," he wrote, "the German has not learned to wield the well-tried old slave-whip, and spoils the rabble with X-ray examinations, ultra-violet rays, electric cardiograms, and similar achievements of modern medicine. I could cut things short with two unmistakable gestures: either that of shooting or that of hanging -- it works quickly and empties the consultation rooms better than a vacuum cleaner." 3/

The Dutch workers were considered the most closely allied by race to the Germans, and consequently received better treatment than other foreign workers. Nevertheless a collaborationist Dutch reporter admitted that diphtheria and typhoid were epidemic in foreign workers' camps. The barracks were primitive, washing facilities inadequate, water-closets "unpleasant." The apathy of despair, mental depression, and the loss of the will to live resulted in the neglect of elementary personal hygiene.

1/ See "Exploitation of Foreign Labor," R&A 3114.8.
2/ Health in Axis Europe, R&A No. 1070, p. 66.
3/ Ibid.

With the number of physicians wholly inadequate even for the German population," the doctors often showed skepticism toward foreign workers who report sick.... It is clear that the understandable prejudice may sometimes lead to really serious cases of illness being overlooked...." 1/

The incidence of tuberculosis provides a rough index to the general health of the foreign workers. A sampling of 6,393 foreign workers showed 3.6 percent of active and 3.3 percent of inactive cases, as compared with .08 percent and .21 percent, respectively, for a sample of 10,500 Germans.2/

1/ Nieuwe Rotterdamsche Courant, 26 February 1944.
2/ Der Öffentliche Gesundheitsdienst, V. 9, Pt. B, p. 1 (1943).

V. Types of Evidence

Investigators abroad should be on the lookout for the following types of evidence:

(a) Records and files of every local Public Health Office (Gesundheitsamt), inasmuch as these offices were the focus of the Nazi racial program and contained the index files of each member of the population.

(b) The files, records, and work of those institutes which engaged in racial, genealogical, demographic and geo-medical research. Such institutes are, for example, the Deutsche Gesellschaft für Rassenhygiene, Munich; Deutsche Gesellschaft für Vererbungswissenschaft, Dresden; Institute of Hygiene, Berlin, etc. It is such institutes as well as the universities, which housed the theorists and creators of the Nazi racial hygiene program. Such individuals as Ernst Rüdin and Prof. Rostock will undoubtedly claim that they were interested in such programs merely as "scientists." The Nazis, however, made use of these "scientists" and their theories for their own purposes of eliminating racial or political undesirables, and there is no evidence that the scholars did not know of this.1/

(c) The file of the Reichsärztekammer, which controlled the licensing of physicians. A complete file for the Reich is known to have been kept in the Chamber's headquarters in Munich. Files pertaining to local physicians were also kept in the offices of the Chamber at the provincial and local level; on the local level, the files should be available in the office of the Amtsarzt (local Health Officer) in charge of the Gesundheitsamt. All these files list the names of those licensed together with an account of their activities. The records of the NS League of German Physicians would also implicate Nazi doctors.

(e) Such publishing firms as J. F. Lehmann in Munich specialized in pan-Germanist literature and in scientific and pseudo-scientific literature on race. These works will undoubtedly provide printed confirmation of the racial philosophy and programs promoted by various Nazi leaders and scholars. The official commentary by Gütt, Rüdin, Ruttke for the sterilization law is an example.

1/ See Victor Bernstein's article in PM, 21 August 1945 on Ernst Rüdin.

Gütt, Conti's predecessor as head of the Interior Ministry's Public Health Division, continually tried to influence the Hereditary Health Courts to interpret the Sterilization Law as including in its provisions "a criminal disposition" among hereditary diseases. In this way, it was hoped that political undesirables could eventually be eliminated. The files of the Hereditary Health Courts would yield the information as to the extent that this pressure was effective.

(e) There is reason to believe from some available reports on "mercy killings" that secret medical means were used to eliminate medically unfit adults and children in orphan asylums, insane asylums, mental institutions, old age homes and other medical institutions. The records of such institutions should be investigated and their personnel questioned.

(f) The records of all organizations, agencies and institutions mentioned in Chapter IV of this study, whether public, private, Party, SS or any other, should be examined to reveal their part in the racial and health tragedy perpetrated by Nazi Germany. Their leaders and other personnel should be interrogated.

(g) Members of the clergy in Germany frequently protested against the Nazi racial program. Much valuable information might be obtained by interrogating them.

(h) The records of local employment offices as well as the German Labor Front Office for Health and Protection of the People might provide ample evidence as to how health needs were subordinated to the need for manpower.

(i) Army hospital records and interviews with German ex-servicemen who might be willing to talk would provide evidence concerning the health practices of the Armed Forces toward their own service people.

(j) Interviews with ex-inmates of concentration camps would provide abundant evidence concerning the medical practices of these institutions. Records of the Medical Departments of the concentration camps would also be helpful.

(k) Innumerable foreign workers would testify to the lack of any medical attention rendered them.